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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus T	ransportation	County
DUE DATES:	rebruary 1 to County Superintendent							Second Semeste o County Superin o State Superinte	ntendent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	OOL BUS TRAN	NSPORTATION	:
This clain	m is for the	period beginning	,	month	day	20 and en	ndingm		20 ay
CERTIF:		N: this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date				re, Chair, Board	•	- Transfer			
County:			District	:				District Lo	evel:
37 Pond	lera		0671	Dupuyer	Elem			Eleme	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	2	1		70	1 36	66	09/17/05		

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

		110, 1111 00020 2	-001				
First Semester February 1 to County Superintendent February 15 to State Superintendent					•	to County Superin	tendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR					CHOOL BUS TRA	ANSPORTATION:	
n is for the	period beginning		<b>,</b>	20 and	ending	<i>.</i>	20
		month	day			month da	y
ICATIO	N:						
mation on	this form is compl	ete and accurate to	the best of my kn	owledge.			
		Signature, Chair, Bo	pard of Trustees				
: District:						District Le	vel:
era		0674 Conrad Elem				Elemen	tary
District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
10	1-Joel	126	1.57	72	07/06/05		
10	2-George	90	1.36	66	07/06/05		
10	3-Bonnie	76	0.95	48	07/06/05		
10	6-Ray	66	1.36	66	07/06/05		
10	8-Kevin	78	0.95	48	07/06/05		
	ETE THO In is for the ICATIOI mation on  Pera District # 10 10 10 10	February 1 february 1 february 1 february 1 february 1 february 1 february 15  ETE THIS CLAIM FO In is for the period beginning  ICATION:  mation on this form is complete a february 1 feb	First Semester February 1 to County Super February 15 to State Superi  ETE THIS CLAIM FOR STATE REIN In is for the period beginning month  ICATION:  mation on this form is complete and accurate to  Signature, Chair, Bo  District:  Pera  District:  Route # Miles Per Day  10 1-Joel 126 10 2-George 90 10 3-Bonnie 76 10 6-Ray 666	February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMEN  is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SC In is for the period beginning	First Semester   February 1 to County Superintendent   May 10   May 24	First Semester   Second Semester   May 10 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent   May 10 to County

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 37 Pondera 0675 Conrad H S **High School** Rate Days District Route Miles **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage Capacity Inspection 40 10 1-Joel 126 1.57 72 07/06/05 40 10 2-George 90 1.36 66 07/06/05 40 10 3-Bonnie 76 0.95 48 07/06/05 40 10 1.36 07/06/05 6-Ray 66 66 7-Wes 21 07/06/05 100 10 8 0.95 40 10 8-Kevin 78 0.95 48 07/06/05

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0679 Valier Elem 37 Pondera **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 50 18 2 105 1.15 58 07/27/05 3 99 50 18 1.36 60 08/02/05 50 5 104.8 54 08/23/05 18 1.15 0.50 54 50 18 5Non 36.6 08/23/05 6 81.3 0.95 48 07/27/05 50 18

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

			11a, III I	33020-23	<u> </u>						
DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent			May 10 t May 24 t	o County o State S	uperinten	tendent adent
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	СНОО	L BUS TRA	NSPORT	'ATION:	
This clain	n is for the	period beginning	5		,	20 ar	d ending			, 2	20
			r	nonth	day			n	nonth	da	y
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date			Signatur	re, Chair, Board	d of Trustees						
County:			District:							District Lev	vel:
37 Pond	era		0680	Valier H	S					High So	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	y	Inspection		rated	Bus Driver's Social Security #
50	18	2		105	1.15	58		07/27/05			
50	18	3		99	1.36	60		08/02/05	'		
50	18	5		104.8	1.15	54		08/23/05			
50	18	5Non		36.6	0.50	54		08/23/05			
50	18	6		81.3	0.95	48		07/27/05			

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			711a, WIT 3302	0 2001						
DUE  DATES:  First Semester  February 1 to County Superintendent  February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE THIS	S CLAIM FO	OR STATE RE	EIMBURSE	MENT FO	R SCH	OOL BUS TRAI	NSPORTATION:		
This clair	n is for the p	eriod beginning	g		, 20	_ and end	ling	,	20	
			month	da	ıy		m	onth da	y	
CERTIF	ICATION	:								
The infor	mation on tl	nis form is comp	olete and accurate	to the best of	my knowledge	e.				
Date			Signature, Chair	Board of Trust	ees					
County:			District:				District Level:			
37 Pondera 1226 Heart Butte				t Butte K	-12 Schoo	Schools High School				
Percentage	District #	Route #	Mile Per I			pacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	3	64	1.8	0 0	84	08/22/05			
100	1	4	7.5	0.9	5	9	08/22/05			